



FIREFIGHTER APPLICATION

PERSONAL INFORMATION (PLEASE PRINT)

DATE: ____ / ____ / ____

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

ALTERNATE NUMBER

E MAIL ADDRESS

POSITION APPLYING FOR

*POSITION (Circle One)

Firefighter EMS Only Support
(Requires EMS Certification)

FIREFIGHTER AND EMS POSITIONS REQUIRE WEEKLY TRAININGS ON THURSDAY NIGHTS FROM 6PM-9PM AND A WEEKLY 12 HOUR SHIFT (DAY OR NIGHT) ONCE MANDATORY FIRE TRAINING IS COMPLETED.

ARE YOU ABLE TO COMMIT TO THESE REQUIREMENTS? ____ YES ____ NO

DO YOU HAVE A VALID NEW MEXICO STATE DRIVERS LICENSE? ____ YES ____ NO

LICENSE NUMBER: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

DATE AVAILABLE TO START TRAINING? _____



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ELIGIBILITY / HISTORY

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER?

____ YES ____ NO

HAVE YOU EVER WORKED FOR THE TOWN OF MESILLA?

____ YES ____ NO

IF YES, WHEN?

HAVE YOU EVER BEEN CONVICTED OF ANY FELONIES?

____ YES ____ NO

IF YES, PLEASE EXPLAIN

PLEASE LIST ANY MEDICAL CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE JOB YOU ARE APPLYING FOR.

EDUCATION – HIGH SCHOOL

NAME

LOCATION

LAST YEAR COMPLETED

GRADUATION / DIPLOMA

____ 9 ____ 10 ____ 11 ____ 12

____ YES ____ NO

EDUCATION – COLLEGE

LAST YEAR COMPLETED

GRADUATED

DEGREE / MAJOR

____ YES ____ NO

____ 1 ____ 2 ____ 3 ____ 4



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EDUCATION – GRADUATE SCHOOL

NAME

LOCATION

GRADUATED

DEGREE / MAJOR

____ YES ____ NO

EMPLOYMENT RECORD

PLEASE LIST YOUR LAST 3 EMPLOYERS, STARTING WITH THE MOST RECENT

#1 COMPANY NAME

SUPERVISORS NAME

PHONE

STREET ADDRESS

CITY

STATE

ZIP

JOB TITLE

JOB PERFORMED

REASON FOR LEAVING

DATES OF EMPLOYMENT

MAY WE CONTACT YOU'RE CURRENT EMPLOYER

FROM _____ TO _____

____ YES ____ NO

#2 COMPANY NAME

SUPERVISORS NAME

PHONE

STREET ADDRESS

CITY

STATE

ZIP

JOB TITLE

JOB PERFORMED

REASON FOR LEAVING

DATES OF EMPLOYMENT

FROM _____ TO _____



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#3 COMPANY NAME	SUPERVISORS NAME	PHONE
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STREET ADDRESS	CITY	STATE	ZIP
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JOB TITLE	JOB PERFORMED	REASON FOR LEAVING
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DATES OF EMPLOYMENT

FROM	TO
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REFERENCES

*PLEASE LIST THREE REFERENCES WITH TELEPHONE NUMBERS, WHO YOU HAVE KNOWN FOR AT LEAST TWO YEARS, ARE NOT RELATIVES AND ARE NOT EMPLOYEES OF THE TOWN OF MESILLA.

- 1) _____ PHONE NUMBER: _____
- 2) _____ PHONE NUMBER: _____
- 3) _____ PHONE NUMBER: _____

CERTIFICATES AND LICENSES

*PLEASE LIST ANY CERTIFICATES, LICENSES AND OR SPECIAL SKILLS YOU MAY HAVE PERTINANT TO THE POSITION YOU ARE APPLYING FOR.



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IMPORTANT INFORMATION- PLEASE READ CAREFULLY

CERTIFICATION AND RELEASE OF INFORMATION

I AUTHORIZE THE TOWN OF MESILLA FIRE DEPARTMENT, OR ITS DULY ACCREDITED REPRESENTATIVE, TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENCIES, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, FINANCIAL OR LENDING INSTITUTIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, OR RETAIL BUSINESS ESTABLISHMENTS. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, MY ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY, CRIMINAL HISTORY RECORD, CONVICTION, FINANCIAL AND CREDIT INFORMATION, AS EACH MAY PERTAIN TO THE JOB I HAVE APPLIED FOR.

I AUTHORIZE THE TOWN OF MESILLA FIRE DEPARTMENT TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF MESILLA FIRE DEPARTMENT REGARDLESS OF ANY AGREEMENT THAT I HAVE MADE WITH YOU PREVIOUSLY TO THE CONTRARY. I HAVE BEEN ADVISED THAT THE ORIGINAL OF THIS AUTHORIZATION WILL BE PLACED ON FILE WITH THE TOWN OF MESILLA FIRE DEPARTMENT. A COPY OF THIS RELEASE SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.

MY SIGNATURE RELEASES ALL OF THE ABOVE, INCLUDING THE TOWN OF MESILLA FIRE DEPARTMENT, ITS AGENTS AND THE FORMER EMPLOYERS, TO THE FULLEST EXTENT PERMITTED BY LAW FROM CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES, INCLUDING BUT NOT LIMITED TO, ATTORNEY FEES AND COURT COSTS ARISING FROM THE RETRIEVING AND THE REPORTING OF SUCH INFORMATION.

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. UNDERSTAND THAT ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN MY NOT GETTING HIRED, OR DISCHARGED IF I AM HIRED. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES, POLICIES AND PROCEDURES OF THE TOWN OF MESILLA FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

Department Use Only

DATE RECEIVED: _____

BACKGROUND CHECK:	DATE _____	_____ PASS	_____ FAIL
REFERENCE CHECK:	DATE _____	_____ PASS	_____ FAIL
ABILITY TEST:	DATE _____	_____ PASS	_____ FAIL
INTERVIEW:	DATE _____	_____ PASS	_____ FAIL
RECOMMENDED FOR HIRE:	DATE _____	_____ YES	_____ NO



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